DECLARATION AND POWER OF ATTORNEY

As a below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our names; that

We verily believe we are the original and first inventors of the invention entitled: AIRLESS APPLICATION SYSTEM AND METHOD OF SPRAYING (Docket No. ITW 0003 PA/13247), described and claimed

X in the attached specification	on;	
in the specification filed	·	, as U.S. Application Serial
No	$\underline{\hspace{0.1cm}}$, and as amended $\underline{\hspace{0.1cm}}$	·

We hereby authorize the attorney(s) and/or agent(s) appointed herein to indicate above whether the invention is described and claimed in an attached specification and to provide the Filing Date and Serial No. of the corresponding U.S. Application, if previously filed.

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims as filed and as amended by any amendment referred to above.

We acknowledge the duty to disclose to the Patent and Trademark Office all information known to us to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a).

We hereby claim the benefit under 35 USC § 119(e) of any United States provisional application(s) listed below:

Application Number Filing Date
60/453,691 August 22, 2002

I/we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I/we further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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